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# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

### WHERE DOCTORS DISAGREE

An artist and her friend, a school teacher, were walking down the street one election night, in the days before there was a Fuel Administrator, when they suddenly came upon a group of children gathered about a street bonfire. The artist exclaimed: "What a wonderful picture that would make." Said the school teacher, "I was thinking how bad those children would smell from that smoke, tomorrow, in school." It was the same group, but looked at from a different viewpoint.

So it is with the nursing situation at the present time. To illustrate, we shall quote from two different comments which have recently been given publicity. The first is from an editorial in the *Journal of the American Medical Association* (edition of January 25, 1919), entitled *The Supply of Practical Nurses*:

What's the matter with the trained nurse? A wave of harsh and resentful criticism of the professional nurse seems to be sweeping over the country. In spite of a recognition of her splendid achievement in remaking hospital nursing, and of setting up high standards for private nursing; in spite of her magnificent and sacrificial service in the great war, she is not now viewed by large numbers of physicians and laymen as a ministering angel of mercy or as an unmixed blessing. And when rebuked for these harsh expressions of disapproval, her unfeeling critics forcefully reply: "She is getting just what she deserves." What does it mean?

Is it because through high standards of admission to her schools, and long years of training before she is graduated, she has chosen to make herself one of a small body of the elect, a superior being? Is it because with the high cost of living and the scarcity of these chosen few she has, labor-union-like, demanded higher pay which only the well-to-do can give? Is it because in the home she is autocratic and unwilling to serve except in accordance with rules that she herself lays down, often demanding that service be rendered her and causing discord in the household management at a time of crisis? Is it because in many hospitals she has gradually acquired more influence and power until through her officials she speaks with authority even to the management, and dictatorially demands that before the interests of the medical staff are considered—sometimes even before the interests of the patients—there must be considered those of the nurses? Perhaps there is a little truth in each one of these reasons. Perhaps in

this resentful criticism, narrow as it may be, the nurses are reaping what they have sown.

The writer of that editorial goes on to say that the war and the epidemic have shown that the trained nurse is not a suitable agent to minister to the large body of the sick, that ninety per cent of all cases of illness could be adequately cared for by a physician's assistant, who is described as a woman of fair education, with a right personality, and training of sufficient length, probably one year, in a good hospital.

The writer adds that from the ranks of the highly trained nurse will come our hospital executives, the superintendents of the training schools, the head nurses, operating room nurses, nurses for cases of special severity or complication, and the teachers of nurses.

We cannot deny the truth of much of the criticism contained in that editorial. The blame, however, does not lie entirely with the training schools, but goes back to the homes from which this class of women workers is drawn. It is really a criticism of the training of the average child in our middle class American homes, for if the foundation of manners and consideration for others is not laid there, good manners and a right social viewpoint can rarely be acquired later. We have heard of isolated instances in which graduate nurses have overcharged. We heard of one who charged \$50 a week for taking care of two children. We were also told, when in New York, of a practical nurse, without any nursing preparation, who charged \$15 a day during the epidemic. And we have also been told of doctors whose practice is among the people of very moderate means, who charged \$10 for a single visit. But these are individual cases and do not represent the fine spirit of sacrifice and professional obligation which marks the great majority of the medical and nursing profession.

We should not be unmindful of the great chances for profiteering which the public put in the way of nurses during those strenuous days. A nurse whom we personally know in New York City was approached in the street car by an elderly gentleman who said, "I see you are a nurse. I should be glad to give you \$400 if you would take care of my wife tonight. She is desperately ill and without anyone to care for her at —— Hotel." My friend replied that she was working under the Red Cross and was sorry she could not help them out. So much for that point of view.

#### MICHIGAN OFFERS A PUBLIC HEALTH COURSE IN NURSING

Dr. Reuben Peterson, Professor of Obstetrics at the University of Michigan, and President of the Michigan State Board of Registra-

tion of Nurses, sees the nursing situation in an entirely different light. We quote from his recent comment on the Public Health Course for Nurses, in which he says:

The wave of altruism aroused by the war has involved the prospective and graduate nurses to a greater degree than is perhaps realized by the public. Nurses are seeking more than a mere livelihood out of their profession. They are on the lookout for fields of work which will satisfy their ambitions to be of the greatest possible benefit to the sick and suffering, whether rich or poor, in their respective communities. Hence we find more and more nurses enrolling as visiting, school, and industrial nurses and in anti-tuberculosis and infant welfare work.

The need for instruction in public health nursing was first recognized in Michigan by the State Nurses' Association and the State League of Nursing Education. These two organizations petitioned the Regents of the University of Michigan in the spring of 1917 to establish such a course at the University, using as their plea that war conditions made it doubly necessary. The Regents were unable to finance a course in public health nursing that year, but the next year, although the funds were still lacking, they voted to establish it, provided the money could be secured outside the University. Through the efforts of John W. Blodgett of Grand Rapids, who was familiar with nursing conditions throughout the state, the Michigan War Fund Board voted the sum of \$5000 for the expenses of such a course at the University for one year, and Dora M. Barnes, of New York, a woman prominent in national public health matters and one who has had exceptional training in the educational features of public health courses, was placed at its head. With characteristic energy, two weeks after her appointment, Professor Barnes had arranged for a preliminary short course in public health nursing.

Each Red Cross Chapter in Michigan is being urged to establish one scholarship for the course, with the understanding that the recipient shall work under the supervision of the Chapter for a certain period. The Michigan State Nurses' Association has established such a scholarship, as have also six or more hospitals in the state, for their senior pupils.

By training public health nurses, Michigan is trying to solve, for her own state at least, the problem of the shortage of nurses which caused such hardship in the recent epidemic. Through the public health nurse, Michigan is arranging to give adequate nursing care to the less fortunate in her community, those who cannot afford the individual services of a highly trained graduate nurse.

The editorial in the *Journal of the American Medical Association* as well as Dr. Peterson's announcement of the course in public health nursing now established at the University of Michigan, shows a recognition of the fact that something must be done to overcome the

shortage of nurses. There is this difference, however. The criticism of the first is harsh, and rankles because it does not apply to the profession as a whole, while Dr. Peterson's announcement is constructive and tends, so far as Michigan is concerned, to provide for the upbuilding of the health of the people through skilled care.

#### THE NEED OF PUBLIC HEALTH NURSES

"War has sharply revealed to how great an extent national success depends upon national health. It has also shown that organized efforts to conserve and build up the strength of our people can quickly show results. Every element of our public health activities during the war should be continued and enlarged during peace." This is the way Secretary of War, Newton D. Baker, looks upon the public health situation after studying the figures revealed by the draft.

The Provost Marshal General in his report on the First Draft shows that practically 35 per cent of the young men examined were considered physically unfit for active military service. To be sure, a higher standard is required for such service than by life insurance companies or in civil positions. But, if 35 per cent of our young men are found physically unfit, the proportion of physical unfitness, taking the people of the United States as a whole, even with greatly reduced standards, would be correspondingly large.

Surgeon General Rupert Blue of the U. S. Public Health Service, sees in this situation "the need for a greatly increased number of public health nurses." He adds, "Without the cooperation of the public health nurse in explaining the methods for preventing and curing disease, to the individual person, in giving nursing care to those who need it at what cost they can afford to pay, and in furnishing health authorities with facts gleaned from her intimate knowledge of neighborhood health conditions from which new programs can be formulated, our work would fail of its best results. A public health nurse at work in every county is a part of the goal toward which we should work."

Secretary of Labor Wilson, commenting on reconstruction problems, says, "One of labor's greatest assets is health. Labor's reconstruction program must therefore include a carefully formulated plan for repairing the physical waste and destruction of war by conservation and renewal of national health. The public health nurse enters into such a program in many ways."

In our February issue we announced that the Red Cross, through the War Council, had awarded a considerable amount of money for scholarships and loans for nurses who wish to enter the Red Cross Public Health Nursing Service. It is hoped that many nurses re-

turning from war service will take advantage of these scholarships and enter the field of public health nursing. We know of no better way for large numbers of nurses to continue to serve their country.

This is one feature of the great campaign which the Red Cross is organizing for the improvement of the general health of the people. Another is the putting into the field, through the Chautauqua circles, of a number of nurses, able speakers, in Red Cross uniform, who will present Home Hygiene, Household Sanitation and health to the assembled people.

The National Organization for Public Health Nursing, with offices at 156 Fifth Avenue, New York, is anxious to get in touch with any nurse to whom public health work appeals. For many years the demand will be greater than the supply. There are in this profession many places of responsibility, such as those of state or county supervising nurse, for which too few trained women are available, and many more will open as the work develops. It takes only a short course to train a graduate nurse in this new profession whose work is the reconstruction of war's physical waste, whose skill is at the service of those who need it, whose goal is health for the many.

#### THE TRAINING OF ATTENDANTS

One sometimes wonders with all this development of the public health nurse field, who is to do the bedside nursing for the people. Suppose we accept the statement that only ten per cent of cases of illness need the services of a skilled nurse. That leaves the other 90 per cent to be cared for by members of their own family, practical nurses or trained attendants.

Since the convention of the American Nurses' Association, held in Cleveland in May, 1918, at which formal approval was given for the training of attendants, a number of states are amending their laws to include this training, with provision for their licensing, and registration by the state board of nurse examiners.

When and how such attendants shall be trained is a matter to be determined. What they shall be taught and what the length of their period of training shall be is a matter upon which we are already in disagreement, and instead of a uniform method which we had hoped would be outlined, each state is working out its problems independently, upon what seems to be the most practical plan for its distinctive needs.

In our judgment the course of training for attendants should, *in the beginning*, be short. We should like to see it only six months. The class of women who have heretofore entered the nursing field, without any preparation, will not consent to a long period of training.

The lines should be very clearly drawn between the educational qualifications, the subjects to be taught, and the period of training required of the trained attendant and the registered nurse. What the medical profession and the public generally are clamoring for—and what the war and the epidemic have demonstrated the need of, at the present moment, is quantity rather than quality, standards can be raised after war conditions have passed.

Our opinion is that the trained attendant should be well grounded in the simple manual procedures of the sick room, in household and personal cleanliness and she should have enough knowledge of cooking to prepare a simple tray and serve it attractively. But it is not our judgment that this type of sick room attendant can be depended upon to care for patients who are desperately ill, whether they happen to be rich or poor.

People who can afford it will always prefer the individual services of a highly trained nurse, when they are critically ill, but the poor and the middle class must not be left entirely dependent upon the trained attendant. For them there will need to be worked out some plan by which these attendants can be supervised from the outside, by a highly trained nurse from either the visiting nurse association or from among the public health workers in the community.

There are certain things which must not be lost sight of, with reference to the trained attendant, her scale of charges cannot be controlled, for she will be at liberty to charge for her services as much as her employers can be induced to pay. In this respect, as a citizen of the country, she will be as free and independent as the members of any other trade or profession. The profiteering of many practical nurses during the epidemic has been such that our confidence that this type of woman is going to fill the needs of the people of the middle class is somewhat shaken. But if the lines drawn are sufficiently sharp, between the registered nurse and the trained attendant, the public will at least know which they are employing.

As an example of the way in which the country is getting to work in the matter of the training of attendants, we have before us the plan of the state of Illinois, which has been drawn up by the Legislative Reference Bureau of the State and endorsed by the State Department of Registration and Education, under which the Nurse Practice Act is administered.

It provides for two groups of nurses, registered nurses with 27 months training, and registered junior nurses with 18 months training. It includes compulsory registration for both groups, and annual renewal of license. The bill provides that the candidates for junior nurse shall be 21 years old, shall have had one year of high school

and shall be of good moral character; and for the registered nurse one year of high school, until 1924, when full high school will be required; they shall be 22 years of age and of good moral character.

The Nurse Practice Act which is now before the New York State Legislature, for amendment, contains a clause for the licensing and registering of both groups. The period of training for the trained attendant is placed at not less than nine months, six months being devoted to the practical side of the work. The initial license is recorded with the county clerk, with provision for its annual renewal through the Board of Regents.

In our Nursing News, the chief features of the amendments to the Nurse Registration Law which the Massachusetts State Association is presenting to the Legislature, are outlined.

#### EIGHT-HOUR DAY

The Woman's Trade Union League Bulletin of Chicago announces the report of the Illinois Industrial Survey which was submitted to Governor Lowden, late in January. The majority report recommends an eight-hour day and forty-eight-hour week, applicable to all women now under the ten-hour law, and adding hospitals and offices, but exempting graduate nurses. This leads one to believe that unless the hospitals of Illinois voluntarily establish the eight-hour day, they may be forced to do so by law.

It might not be amiss for graduate nurses employed in hospitals to have some protection of this kind. Graduate special nurses living outside the hospitals in the larger cities are often obliged to start from home at about six o'clock in the morning and do not return again until about eight o'clock that evening. Where else among women employees do you find so long a working day? And when a nurse returns home so exhausted that she must retire immediately, what margin does she have for recreation or self-improvement?

#### THE NURSES' RELIEF FUND

In the recent appeals in the New York daily papers for funds for the support of the Stony Wold Sanatorium, the statement is made that it is necessary to raise a large sum of money at this time for the sanatorium, as many nurses returning from France are in need of the special treatment which is afforded at Stony Wold.

We think we are not mistaken when we say that the government will take care of all nurses who have been in war service, whether at home or abroad, who, at least before their discharge, had developed tuberculosis. We feel equally certain, though not officially informed, that the Red Cross will not permit any nurse who has been engaged



in war service other than military, to become a charge upon the finances of any charitable institution. The American Nurses' Association, through its Relief Fund, will surely wish to provide help for those of its members who have sacrificed their health in the war and who for any reason may not be provided for through either the government or the Red Cross.

The Relief Fund was inaugurated at the meeting of the American Nurses' Association held in Boston in May of 1911. It is less than eight years since that time, and we now have a permanent fund of \$24,000, contributed by individual members and by alumnae associations. Since the fund was established, sixteen of our members, who have been overtaken by illness in a way that has made them eligible for this kind of assistance, have been helped. At the present time the lives of twelve of our women, whose names, if made public, would be known to many of our readers, are being made more comfortable or are being restored to health, through the income of this fund.

Until now, the income has been sufficient to care for the nurses who have been eligible to its benefits; but if the statement which is being made by the Stony Wold Sanatorium is true, that large numbers of nurses who have been in war service are needing the care that such institutions can give, is it not time for us, immediately, to so increase our Relief Fund that private charity need not be appealed to in their behalf!

Based on the membership of 40,000 in the American Nurses' Association, this fund of \$24,000 represents a tax of 60 cents a member, for the eight years, or a little over seven cents a year.

Such a fund should be developed continuously, through the contributions of all its members, even though in many instances the contribution will have to be small, rather than through the larger gifts of a few, alone. No one of us knows at what time she may have to become the recipient of its benefits.

May we suggest to that group of women who are holding established positions, with an assured income, that they contribute \$5.00 a month during the coming year. We would like to see each alumnae association tax its members 25 cents each, for those who are at home, and contribute the same amount from its treasury for such members as are still in war service. This amount would not work the least hardship to any nurse, even though she had some one dependent upon her. For those women who wish to give a little more than the 25 cents through their alumnae, we would say, drop a dollar or more into an envelope and send it to the treasurer of the Relief Fund, Mrs. C. V. Twiss, 419 West 144th Street, New York City.

In this way the Relief Fund would very quickly be more than

doubled, and we should be able to care for those of our members who have sacrificed their health in the service of our country. In this way no nurse need be cared for through the charity of strangers, but through the provision of the members of her own professional family, from a fund to which she herself had contributed during her days of prosperity and health.

#### THE INTERSTATE SECRETARY

The term of service of the Interstate Secretary, Miss Adda Eldredge, will expire on the first of August. Those states or associations that have not availed themselves of the service which she is prepared to give, should take advantage of this opportunity before it is too late.

The appointment of the Interstate Secretary in the fall of 1917 was for the very definite purpose of aiding the associations to adjust themselves to the reorganization plan. At the same time she promoted the interests of the National League of Nursing Education and the JOURNAL.

The position of the Interstate Secretary is being discontinued because the treasuries of the League and the American Nurses' Association do not warrant the expense.

Miss Eldredge is now in Massachusetts. Her engagements in New England will be finished about the middle of March. Other engagements, held in abeyance for broader coöperation, are for Indiana and Oklahoma. This is a section of the country which Miss Eldredge has not yet covered. There will be time for her to make quite an extended trip through the southwestern states, returning through the central district.

#### WE HAVE SEEN THEM COMING IN

We recently spent some time in New York, where the arrival of transports, bringing our troops from France, was a daily occurrence which was made much of by the press. The names of officers, both military and medical, with their impressions of conditions abroad were frequently given. Usually, too, there was a reference to some boy from the Bowery or from an obscure district in Brooklyn, because of distinguished service.

Practically all of these incoming transports had nurses aboard. Occasionally a newspaper mentioned, when summing up the personnel of officers and men, "5 or 20 or 50 women nurses," but none of them by name. Nor did they recognize the distinguished service rendered by any of them.

Even Miss Mary E. Gladwin, who went to Serbia with the first

Red Cross Unit, and who has served throughout the war, came into New York and departed for her home, without the slightest public recognition.

That others are noticing this apparent neglect is instanced by the remarks of Senator Calder of Brooklyn, who, on February 10th, in the debate in the Senate on the Federal Amendment for Woman Suffrage, asked why this government has not given recognition to the work of nurses, such as been accorded them by other governments.

We are told that English and Australian nurses—among whom rank was established before the war—have soldiers provided to carry their luggage, to clear the way for them when they are leaving the ship or when traveling from one place to another, and that they are provided for and treated with the same distinction as officers.

A few days ago, we saw a group of our nurses come off a big transport, carrying their heavy suit cases, wraps and bags, go down the gang plank that looked to be at an angle of 45 degrees, and travel the whole length of the Hoboken pier, between rows of soldiers lined up on either side. What an impression to leave on the minds of these men, any one of whom, if not under military regulations, would have been glad to help carry the nurses' heavy luggage, out of simple courtesy. There was not the slightest attention paid to them by any of the official groups who were there to welcome the men, or by the public in general. It would look as if, because they have served the government as nurses, these women are considered *not better than, but below* the status of the ordinary woman.

#### NURSES' REST HOUSE AT RIVERDALE

The opening of the Rest House at Riverdale on the Hudson, through the kindness and generosity of Mr. Cleveland Dodge, was announced in the January JOURNAL, under the notes of the Army Nurse Corps. This house, which it was our privilege to visit, was formerly the Dodge homestead, occupied for many years after the death of her father and mother, by the late Miss Grace Dodge. Miss Dodge, it will be remembered, was prominent in the work of the Young Women's Christian Association, and as a member of the New York board of that organization, was energetic in the establishment of the Central Club for Nurses.

The Riverdale House is most attractively situated on the east bank of the Hudson, just outside of Yonkers, a half hour's ride from the Grand Central Station. From a height, it looks down the sloping lawn to the river and across to the Palisades, which are exceptionally beautiful at this point. There are very stately old trees, gardens, and lawns, to add to its appeal on the outside, while the interior is

charming. Except for the removal of some of the heavier furnishings, to provide greater space for the enlarged family, the house is practically as it was during Miss Dodge's lifetime.

Mr. Dodge, who has placed this house under the supervision of the Red Cross, pays for its maintenance. It is in charge of two Army nurses who have been in the service for a number of years.

At the time of our visit there were eighteen nurses as guests at the house, resting after war service or convalescing from illness. Among them were nurses from the Army Nurse Corps, who had served either here or in France, and some from the Army School of Nursing.

At Riverdale everything is provided for the comfort of the guests. Kind neighbors frequently send their autos or carriages for the nurses' use, the walks are beautiful in every direction; and the home surroundings, cultured and refined, with most excellent food, make a fitting environment for restoring frazzled nerves and depleted strength. Altogether, this is a most delightful expression of personal appreciation for the services rendered by nurses during the war.

#### THE NEW YORK HOSPITAL NURSES' CLUB

One of the greatest achievements upon the part of any organization of nurses, has been recorded in the development of the Club House of the New York Hospital Alumnae.

The beginning of this club house movement goes back to 1898, when Miss Irene Sutcliffe, the superintendent of the New York Hospital School for Nurses, prevailed upon ten members of the graduating class of that year to rent a small house and live together. That little group all unconsciously formed the nucleus around which the present organization has been developed.

In 1904, the plan had proved to be so successful that two apartment houses, accommodating one hundred members, were rented on 92nd Street. On May 1st, 1918, they began to occupy the present house at 317 West 45th Street, which was built for their special needs by Vincent Astor and for which they pay him the very liberal rent of \$16,000 a year.

The club house has at present 162 members. Owing to so many nurses being in the service, about one-third of the members are business women.

All the club officers, the superintendent, her assistants and the registrar are members of the Alumnae Association. The furnishings of this house have already been paid for. The atmosphere of the club is as near that of a home as is possible in so large an establishment. The nurses have held several bazaars and there have been a few

unsolicited gifts, but the success of the whole undertaking is due to the good business management of those who, in rotation, have had charge of its executive affairs,—but, perhaps, most of all, to Miss Irene Sutcliffe who makes her home there in an unofficial capacity. The whole plan is a demonstration of what nurses can do for themselves, if they will but work together.

#### A SUGGESTED MEMORIAL TO OUR WAR NURSES

At the meeting of the Joint Board of Directors of the American Nurses' Association and the National League of Nursing Education, which was held in New York City on January 17, Dr. Anna Hamilton of Bordeaux, France, was the special guest of the evening.

Dr. Hamilton's work in organizing the first and only training school on the Nightingale plan in France, is already known to many of our readers through Miss Dock's material in the Foreign Department. Dr. Hamilton was in this country for the purpose of raising funds for the development of her hospital, as Miss Dock has explained in this number of the JOURNAL. At this meeting it was suggested that it would be a very fitting memorial to the American nurses who have given their lives in the service of their country, if a fund could be subscribed by the nurses of this country for some special feature of the work connected with Dr. Hamilton's hospital. This matter was referred to the newly-appointed Joint National Committee, and we shall hear more of the plan which they are formulating, in a later issue of the JOURNAL.

#### THE SPHERE OF THE PRIVATE DUTY NURSE

We wish that the industrial nurse who characterizes the private duty nurse as "only a wage earner," might have the salutary experience of caring for a patient in the country far from a doctor, where the very life of the patient rests with her, and where the prevention of such illness in the future depends largely on the thoroughness and faithfulness with which the nurse instructs the family. She would find that all she says of the wide opportunities for service which lie before the industrial nurse are true also of the private duty nurse. When one group of nurses begins to think with scorn of another group, weakness is creeping into our ranks.